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SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (95-03)//
POC/P.C. BISHOP/CAPT/MED-00P (PUBLIC AFFAIRS)/-/TEL:(202)
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RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF INFORMATION AND NEWS OF INTEREST TO NAVY AND MARINE CORPS MEMBERS, CIVILIAN EMPLOYEES, FAMILY MEMBERS AND RETIRED BENEFICIARIES OF NAVY MEDICINE. MAXIMUM AND TIMELY REDISTRIBUTION OR FURTHER REPRODUCTION AND USE BY ACTION ADDRESSEES IS ENCOURAGED. THIS MESSAGE HAS BEEN COORDINATED WITH THE COMMANDANT OF THE MARINE CORPS (CMC). THE COMMANDANT HAS AUTHORIZED TRANSMISSION TO MARINE CORPS ACTIVITIES.

2. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:
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HEADLINE: Team Selfridge -- Joint Service in Action
TEAM Selfridge, MI (NSMN) -- "If we do not hang together, we will surely hang separately."

These words uttered by Benjamin Franklin hit close to home 1 April 1994 when, after 25 years of service, Naval Air Facility Detroit lowered its flag at Selfridge Air National Guard Base, Michigan, a victim of the 1993 Base Realignment and Closure Commission. With the closure, several Selfridge commanders recognized how vulnerable they are -- BRACC could've reached in and plucked any one of their units. And with another round of closures coming up in 1995, their noose could be right around the corner.

Not willing to wait for their turn to face the hangman, these commanders put on their thinking caps, purple ones in fact, and started bringing the base together. This wasn't an easy task, considering the variety of service components involved: active duty, Reserve and National Guard Air Force and Army, Navy and Marine Corps Reserve, and active duty Coast Guard.

The driving forces behind this effort were Michigan Air National Guard Brig. Gen. Allan W. Ness, 127th Fighter Wing commander, Navy CAPT Richard Lyman, Naval Air Reserve Activity commander, and Air Force Reserve Col. Thomas R. Brown, 927th Air Refueling Wing commander.

"We got together and decided we were all going off in different directions and we all had some capabilities the other folks could use," Brown said. "Basically, we talked about what

everyone needs and how we can all work together and pool our resources to satisfy these needs."

The commanders came up with the name "Team Selfridge" to describe this new emphasis on working together for the overall good. One of the many success stories to come out of this working relationship involved the saving of about \$9 million through joint service teamwork.

In the wake of the BRACC decision to close NAF Detroit, the Navy's Bureau of Medicine and Surgery directed that the Navy medical and dental clinics at Selfridge be closed. Meanwhile, Naval Reserve Readiness Center Detroit, about 40 miles southwest of Selfridge, was facing several challenges of its own: a \$3.5 million building project for an outdated, overcrowded facility; contracting for additional space from the civilian community to provide sufficient room for drilling units; and the scattering of its people and resources further away from Selfridge, where many of the facility's active duty people and their families lived.

At the same time, two Air National Guard medical squadrons were developing plans to build a new medical training facility of their own. In another corner of the base, the Army's Tank-Automotive and Armaments Command Support Activity was running an overburdened clinic for its active duty members, retirees and family members. And finally, Marine Wing Support Group 47 was planning a multimillion dollar move to Minneapolis -- an unexpected fallout from the NAF Detroit closure.

Everyone was working in their own little world with their own commands until the commanders began communicating. They quickly and creatively developed a plan that saved everyone involved millions of dollars.

With the closure of NAF Detroit, plans were made to transfer NRRC Detroit to space vacated by the departing unit, saving \$3.5 million in programmed military construction in Southfield, MI.

The NRRC would bring with it a medical unit needing dedicated training space. Discussions among the members of Team Selfridge quickly resulted in a plan to solve that problem and save the Air National Guard \$1.5 million in construction funds in the process. The plan involved joining four Naval Reserve medical units with the two Air Guard medical squadrons and expanding the 8,000 square feet of soon-to-close Navy clinics into a 20,000-square-foot joint service medical training facility. The Navy allowed the Naval Air Reserve Activity at Selfridge to keep the medical and dental clinics and allowed for development of a Team Selfridge sharing arrangement. The Army joined in by providing an active duty dentist to man the six-chair dental clinic.

But where would the extra 12,000 square feet of medical training space come from? The Marines, who were split among two rusting hangars and the soon-to-be medical training facility. Team Selfridge mobilized to identify suitable space for the Marines to move to. Because of the NAF closing, the Air National Guard's conversion from F-16s to C-130s and the Reserve's conversion from C-130s to KC-135s, a daisy chain of moves took place. These moves created vacancies in two buildings that matched the Marines' requirements. Realizing the upgrade in

quarters, MWSG-47 requested a redirect to cancel the \$4 million move to Minneapolis.

"It all sounds easy, but as anyone who has shared a base with another service can tell you, it's not," Lyman said. "Many times you find yourself navigating through some rather murky waters and simply making it up as you go. The Selfridge joint-use medical training facility is an outstanding example of what a Team Selfridge type of approach can accomplish."

The captain hit it dead on when he said it isn't easy. We may be in the same military, but we don't talk the same language. There's a joke that sums it up best. It deals with the simple command to "secure a building."

The Navy would methodically turn off the lights and lock the doors. The Army would occupy the building so no one could enter. The Marines would launch an assault and defend the position with suppressive fire and close combat. The Coast Guard would clean up any environment problems before entering the building. And the Air Force would take out a three-year lease with an option to buy.

The story may be funny, but it's true. So how do the commanders break the "multiple-meaning" barrier?

"If you get an Army guy, a Navy guy, a Marine guy and a coastie together and they start speaking their acronyms, it's almost like the tower of babble. They have no idea what the other one is saying," Brown said. "What we're able to do, by meeting together and working together, is develop a common jargon and learn each other's ways of talking and doing things."

It's not just the commanders who are working under the purple hat theory. They've tried to pass the attitude of cooperation down to their people. It seems to be working. Recently a Navy C-130 flew in to pick up some equipment, but it broke down while it was on the ground. Members of the 191st Airlift Group, Michigan Air National Guard, pitched in to help fix the plane as if it were their own. When the 191st converted to C-130s, the 927th, which had just converted from the cargo aircraft to air refuelers, was on hand to support the Guard unit with whatever it needed.

The commanders at Team Selfridge are hoping this spirit of cooperation spreads throughout the Defense Department. "Hopefully they will look at our situation and say, 'That could happen to me just as easily,'" Brown said. "We've taken every opportunity we could to tell our story and to let people know we're trying our damndest to work together in giving the country the best bargain for its money."

"We realize we were all vulnerable. You either survive together or you hang separately. Hopefully, we'll have such a big neck they won't be able to get a noose around us."

Story by SSgt. Bill Dowell, reprinted from the Air Force Reserve magazine Citizen Airman, December 1994

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HEADLINE: 'Corpsman Bowl' is Opportunity to Master Skills

NMC San Diego (NSMN) -- Hospitalman Daniela Desimone, a corpsman in the Internal Medicine Clinic at the Naval Medical

Center, has every reason to be confident that she'll master the Navywide third class advancement examination in March.

She is a champion already.

Desimone scored highest in the Corpsman Bowl at the start of December and leads all participating corpsmen in the first round of the annual competition designed to sharpen the knowledge of corpsmen seeking advancement to the next pay grade.

The Corpsman Bowl is coordinated by CDR Michael Thompson, department head for Medical Oncology Nursing.

"The philosophy behind the Corpsman Bowl is knowledge retention," Thompson said. "We announce the games five weeks in advance. That is a window of opportunity for corpsmen to study for the competition.

"Studying for the competition makes the responsibility of preparing for advancement exams more enjoyable. Add a little friendly competition and suddenly getting promoted is something to which you look forward."

Thompson said he first discovered the Corpsman Bowl during a tour at the submarine base in Groton, CT. He thought the idea so catchy -- and effective -- he has sponsored like games ever since.

"It does more than just prepare our enlisted members for advancement," Thompson explained. "It fosters teamwork, camaraderie, and friendly competition as well."

Questions for the trivia-type game are derived directly from the advancement manuals and documents all corpsmen must study to pass the exams, Thompson said. Some five weeks prior to the games, Thompson drafts questions in five categories and reveals the categories to potential participants. Corpsmen bone up in the categories and then the call is made: let the games begin.

Games at the Medical Center continue through January. If Desimone continues to win, she will retain the Corpsman Bowl trophy. Should she fall to another competitor, that individual will hold the trophy.

"But the winners are those who pass the exam," Thompson said.

Story by H. Sam Samuelson

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HEADLINE: Mammography Most Effective for Women Over 50

AMA Chicago (NSMN) -- Mammographies can significantly reduce breast cancer deaths in women aged 50-74; however, mammograms have little benefit for premenopausal women under the age of 50, according to an article in the 10 January issue of the Journal of the American Medical Association.

Karla Kerlikowske, MD, Department of Epidemiology and Biostatistics, University of California-San Francisco, and colleagues, used meta-analysis to combine and examine data from 13 breast cancer studies between 1966 and 1993.

The authors write: "The results of meta-analysis suggest that screening mammography reduces breast cancer mortality by 26 percent in women aged 50-74 years (after 7-9 years of follow-up), but does not significantly reduce breast cancer mortality in women aged 40-49 years."

Researchers say mammography may be more effective for postmenopausal women over the age of 50 because their breasts have a higher fat content, which increases the sensitivity of mammography to detect small tumors with good prognosis.

The researchers say mammography does not appear to help younger women until 10-12 years of follow-up, by which time women who were aged 40-49 when they entered the trial are now 50-61 and postmenopausal.

The authors write: "These findings suggest that it might be possible to wait to begin screening until women become age 50 years or menopausal and achieve the same benefit in mortality reduction as beginning screening at 40 years of age."

The authors suggest using screening mammography for women over the age of 50 every two years because their data show the same results when screening every 12 months and every 18-33 months.

As for the argument over one-view versus two-view mammography, the researchers say there are no differences in the reduction in breast cancer mortalities for women over the age of 50 when using one-view or two-view mammography, therefore, "one-view mammography appears to have sufficient sensitivity to reduce breast cancer mortality." In women under the age of 50, the researchers say two-view mammography may be the best choice because younger women's breasts have a lower fat content making it more difficult to view them by x-ray than breasts of older women.

SUBHEAD: Benefits and Costs of Screening and Treatment

In an accompanying article, Herman Kattlove, MD, MPH, RAND Corporation, Santa Monica, CA, and colleagues make four recommendations for a basic benefit package for the detection and treatment of early breast cancer.

Breast cancer occurred in 182,000 women in the United States in 1993 and consumed more health care dollars (\$6.5 billion in 1990) than any other cancer, according to statistics cited in the article.

The researchers say: "By choosing which services they provide to specific groups of patients, providers can substantially reduce their expenses and still provide quality health benefits."

The authors recommend: (1) screening mammography only for women aged 50-69 years; (2) choice of mastectomy or breast-conserving surgery with radiation therapy for all women with early breast cancer; (3) adjuvant therapy (drug treatment after surgery) for all; and (4) follow-up should be a clinical exam only without routine testing looking for metastatic disease.

In this study, the researchers found mammography provided no statistically significant benefit for women older than 70 or younger than 50, thus the recommendation for screening mammography for women aged 50-69 years.

SUBHEAD: AMA Continues to Recommend Mammograms for Women Over 40

"These two reviews of the efficacy of screening mammography and the calculated benefits and costs of screening and treatment

for early breast cancer demonstrate both the utility and the shortcomings of the studies' methodologies," according to James Allen, MD, Vice President of Science, Technology and Public Health Standards for the American Medical Association (AMA).

"The evidence is consistent and strong that screening mammography for women 50-70 years of age reduces mortality and is beneficial. Using the single study criteria of mortality, the results of these summary analyses are less clear that screening mammography is useful for women between 40-49 years of age.

"The AMA believes these reviews and analyses are useful and should become part of the continuing discussion about appropriate clinical decision-making for early detection and management of breast cancer. Because of the complexity of the issues involved, the variation in design and conduct of the studies cited, the fact that most of the studies cited were conducted in countries other than the United States, and the failure or inability of the studies to consider clinical considerations and outcomes other than mortality, these reviews should not be used alone as the basis for denying screening mammograms to women aged 40-49.

"The AMA currently recommends screening mammograms and clinical breast examinations annually for asymptomatic women 50 years of age or older and every 1-2 years for asymptomatic women 40-49 years of age. These recommendations will continue to be reviewed as new information becomes available that helps to establish optimal screening and management decisions. The decisions about mammograms and other medical care decisions should occur only after thoughtful deliberation between a patient and her physician," Dr. Allen writes.

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HEADLINE: GRAND ROUND ABSTRACTS

NWSA Washington (NSMN) -- Secretary of the Navy John Dalton has awarded the Meritorious Unit Commendation to Fleet Hospital 6 for meritorious service while deployed to the former Republic of Yugoslavia with Joint Task Force Provide Promise.

"Fleet Hospital 6, the first Navy medical contingent to deploy under the auspices of the United Nations Protection Force during the Balkans conflict, has conspicuously distinguished itself in meeting the myriad challenges associated with providing superior quality, combat zone medical and dental care," Dalton wrote in his citation.

The tent-based 120-bed hospital, deployed just outside Zagreb, serves as a theater-wide medical asset for more than 40,000 military and civilian personnel of the United Nations and other international agencies. During the period of the citation, the staff saw 4,665 emergency cases, and treated more than 9,000 injured or diseased.

Fleet Hospital 6 was relieved by Fleet Hospital 5 in September 1994.

Story from Naval Wire Service A

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NWSA Washington (NSMN) -- After reviewing 1,132 top enlisted records, the Seaman to Admiral Board selected 50 Sailors

for appointment to ensign in the Naval Reserve.

"I am very pleased with the results of this selection board," said Chief of Naval Operations ADM Mike Boorda. "[More than] 1,000 well qualified men and women competed for selection and the Board President reported to me that it was a pleasure to review the records of so many outstanding Navy people. There is no doubt that the 50 selectees have what it takes to do a fantastic job as officers in our Navy."

Selectees represented 25 different ratings and included three corpsmen and a dental technician.

The program, revived by Boorda in April, allows top second class petty officers and above to obtain a commission in the Naval Reserve. All selectees will attend Officer Candidate School in April 1995.

Following this initial officer training and a sea tour, selectees have the opportunity to complete an undergraduate degree.

The 14 members of the selection board included six captains, six commanders and two lieutenant commanders. Board members had a combined 41 years of prior enlisted experience and six of the members were post command officers.

"The key was sustained superior performance," said CAPT John Craighill, board president. "This (superior) performance came through loud and clear when we reviewed the records.

"But we had a really tough time selecting the 50 best, because of all the superb records we reviewed," said Craighill.

"To all our Seaman to Admiral selectees...congratulations," said Boorda. "To everyone in our Navy who is striving to be all that you can be by helping others...special congratulations. That is what really matters."

Congratulations to the selected Navy Medical Department personnel:

HM2 Francis G. Franky, Seal Team 4, Little Creek, Va.;

HM2 Clayton J. Lang, Reconnaissance Company, HQBN, 1st Marine Division (REIN) FMF, Camp Pendleton, Calif.;

HM2 Donald L. Gaines, Carrier Airborne Early Warning Squadron 123, Norfolk; and

DT2 Sean X. Rush, USS George Washington (CVN 73), Norfolk.

Story by LT Dan Bates, BUPERS; Reprinted from Naval Wire Service
More information is available in NAVADMIN 241/94.

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FMC Washington (NSMN) -- Congratulations to HM1 Elizabeth Evans from Branch Medical Clinic Everett, WA. She was not only selected as the Navy Female Athlete of the Year, but also as the Armed Force Female Athlete of the Year.

Reprinted from BUMED's Force Master Chief's Force Report, October-December 1994

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HEADLINE: HEALTHWATCH: Treat Hypertension for Healthier Life

USNH Yokosuka, Japan (NSMN) -- High blood pressure is a condition in which a person's blood pressure goes up too high and stays there. Blood pressure normally goes up and down, depending

on the person's different activities. The problem occurs when the blood pressure stays too high all the time.

The medical word for high blood pressure is hypertension. Hypertension can affect anyone, and many Americans have it. But hypertension doesn't mean being tense or hyper. In fact, some people who seem very easygoing and relaxed have hypertension.

No one really knows what causes high blood pressure, but you are more likely to develop it if it runs in your family, if you are black, or if you are overweight. About one-half the people who have high blood pressure don't even know it because there are no sure symptoms. That's why high blood pressure is called "the silent killer." It causes more preventable deaths than any other disease.

Blood pressure is the force that keeps your blood moving. Your heart pumps blood through the body by way of the blood vessels. As the blood flows, it presses against the inside walls of the blood vessels. This is blood pressure. Blood pressure is the highest when the heart beats (systolic pressure). It is the lowest when the heart is resting between beats (diastolic pressure). Blood pressure is measured at both times. The higher pressure is written over the lower pressure, such as 120/80.

Generally, the younger you are, the lower your blood pressure should be. You can have high blood pressure if either the upper or lower is consistently high. If your blood pressure is too high at any time, check with your doctor.

High blood pressure can damage your health. People with high blood pressure run three to seven times more risk of developing heart attacks, stroke, blindness and kidney failure than people with normal blood pressure.

Lifestyle changes and medications can work together to lower your blood pressure. Diet may be the most important change you will need to make. Losing weight and cutting down on salt can often control high blood pressure without medication. Exercise alone won't lower your blood pressure very much, but it will help your efforts at keeping your weight down and it will make your heart stronger. Quitting smoking and drinking alcohol only in moderation will also help.

If lifestyle changes alone don't lower your blood pressure, your doctor may prescribe medication. Lifestyle changes and medication are a team: You may need to follow both kinds of treatment in order to bring your blood pressure under control. Although some people can cut down on the medication with their doctor's permission, few people can ever stop taking it entirely. Remember, your blood pressure is controlled only as long as you faithfully take your medicine. If you stop taking it, or if you only take it now and then, your blood pressure will go up again.

High blood pressure is the most common of all life-threatening diseases among Americans. Fortunately, it can be controlled. See your physician or local clinic and have it checked at least once a year. If you learn that you have high blood pressure, faithfully follow the treatment program prescribed by your doctor. Your reward can be a longer and healthier life.

Story from U.S. Naval Hospital Yokosuka

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3. Events, observances and anniversaries occurring 22-31

January:

22-28 January: National Glaucoma Awareness Week (1-800-331-2020)

23 January 1845: "First Tuesday" made election day

23-27 January: National Back Health Week (609/392-7600)

24 January: Morning (0600-0800) and Night (until 2200)

Detailing (times are for Washington DC)

25 January: National IV Nurse Day (617/489-5205)

27 January 1880: Edison patented light bulb

28 January: Sight-Saving Sabbath (1-800-331-2020)

28 January 1915: U.S. Coast Guard established

29 January 1845: Poe published "The Raven"

31 January: LT FitReps due

31 January: E-1, E-2, E-3 Evals due

31 January: Chinese New Year -- Year of the Pig

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HEADLINE: 1995 is the Year of the Grandparent

THE WHITE HOUSE, Washington (NSMN) -- President William J. Clinton signed the following presidential proclamation on 17 January 1995:

The American family has undergone dramatic changes in the past few decades. Families have felt the effects of a rising divorce rate, declining birth rate, and an increasingly fast-paced and complicated economy. At the same time, Americans are living longer, retiring younger, and taking advantage of more leisure hours than ever before. Today, approximately 60 million grandparents in the United States look forward to spending time with their families and to enjoying their much-deserved respite.

Despite the many changes, grandparents remain an important source of knowledge and stability in American families. Grandparents help us understand the past and encourage us to hope for the future. They preserve and strengthen the values we hold most dear -- compassion and generosity, responsibility and tradition. These relationships between generations have always been central to the happiness and well-being of young and old alike.

Households made up of several generations have increased by more than 50 percent in the past 25 years, and today, some 3.4 million children live in a household headed by a grandparent. For parents struggling with issues including substance abuse or teenage pregnancy, divorce or separation, grandparents can be invaluable resources of compassion. For children who are abused or neglected, grandparents can be lifesavers. All too often, grandparents embrace these tremendous responsibilities because no one else is able. But they also do so out of love, out of the wisdom that comes from a lifetime spent learning the importance of family. For all they teach us and for all they give, we pledge this year to honor grandparents everywhere.

The Congress, by Public Law 103-368, has designated 1995 as the "Year of the Grandparent" and has authorized and requested

the President to issue a proclamation in observance of this year.

NOW, THEREFORE, I, WILLIAM J. CLINTON, President of the United States of America, do hereby proclaim 1995 as the Year of the Grandparent. I invite Federal officials, local government, advocacy groups, and families across the United States to join in commemorating the many contributions that grandparents make and in observing this year with appropriate ceremonies, programs, and activities.

IN WITNESS WHEREOF, I have hereunto set my hand this seventeenth day of January, in the year of our Lord nineteen hundred and ninety-five, and of the Independence of the United States of America the two hundred and nineteenth.

Signed WILLIAM J. CLINTON

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